## SCHEDULE A-P ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)				PAGE 47 / 9021					
Ì	16	×	17a	17b		17c		17d	18
	19a		19b	20a		20b		20c	21

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NAME OF COMMITTEE (In Full)

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Full Name (Last, First, Middle Initial) TERROL JONES		Transaction ID : SA17.1111394  Date of Receipt
Mailing Address 3815 WEST AVENUE		01 01 2016
City OCEAN CITY	State Zip Code NJ 08226-1736	
FEC ID number of contributing federal political committee.	C	CONTRIBUTION
Name of Employer RETIRED	Occupation RETIRED	Amount of Each Receipt this Period  25.00
Receipt For: 2016  X Primary General  Other (specify) ▼	Election Cycle-to-Date ▼ 445.00	
Full Name (Last, First, Middle Initial) WILLIAM JONES		Transaction ID : SA17.1111371 Date of Receipt
Mailing Address 3156 ROLLING ROAD CIR		01 / O1 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City MONTGOMERY	State Zip Code AL 36111-1733	
FEC ID number of contributing federal political committee.	C	CONTRIBUTION  Amount of Each Receipt this Period
Name of Employer JACKSON HOSPITAL AND CLINIC	Occupation PHYSICIAN	250.00
Receipt For: 2016	Election Cycle-to-Date 250.00	
Full Name (Last, First, Middle Initial) BILL JORDAN		Transaction ID : SA17.1111826 Date of Receipt
Mailing Address P.O. BOX D8		01
City HARMAN	State Zip Code WV 26270-0208	CONTRIBUTION
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period
Name of Employer RETIRED	Occupation RETIRED	35.00
Receipt For: 2016	Election Cycle-to-Date 750.00	
Subtotal Of Receipts This Page (opti	onal)	310.00
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